

EXHIBIT R

Fill in this information to identify the case:

Debtor U Lock Inc

United States Bankruptcy Court for the: Western District of Pennsylvania

Case number 22-20823
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Is the claim subject to offset?

- ☐ No
☐ Yes

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Is the claim subject to offset?

- ☐ No
☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Is the claim subject to offset?

- ☐ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Christine Biros 435 Millers Road Pittsburgh, PA, 15239 Date or dates debt was incurred <u>07/09/2015</u> Last 4 digits of account number <u>9999</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>325,000.00</u>
3.2	Nonpriority creditor's name and mailing address Christine Biros 435 Millers Road Pittsburgh, PA, 15239 Date or dates debt was incurred <u>01/01/2021</u> Last 4 digits of account number <u>9999</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Claims she is owed attorney fees. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>Unknown</u>
3.3	Nonpriority creditor's name and mailing address JAR Coal Company 1985 Lincoln Way STE 23-333 White Oak, PA Date or dates debt was incurred <u>07/09/2015</u> Last 4 digits of account number <u>9999</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Based on information, JAR Coal Company, an unincorporated a Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>325,000.00</u>
3.4	Nonpriority creditor's name and mailing address PA Turnpike Toll by Plate PO Box 645631 Irwin, PA, 15642 Date or dates debt was incurred <u>09/27/2021</u> Last 4 digits of account number <u>0615</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>16.90</u>
3.5	Nonpriority creditor's name and mailing address Shanni Snyder and/or Trustee of the Shanni Snyder Bankruptcy Estate 14390 Route 30 Irwin, PA, 15642 Date or dates debt was incurred _____ Last 4 digits of account number <u>9999</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>262,000.00</u>
3.6	Nonpriority creditor's name and mailing address West Penn Power 76 South Main Street Akron, OH, 44308 Date or dates debt was incurred <u>04/21/2022</u> Last 4 digits of account number <u>0618</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>43.73</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. 7 Nonpriority creditor's name and mailing address

Westmoreland County Tax Claim Bureau
2 North Main Street
Ste 109
Greensburg, PA, 15601

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ Undetermined

Basis for the claim: Property Taxes

Date or dates debt was incurred

12/31/2021

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$

Basis for the claim:

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 912,060.63
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 912,060.63